



13281 U.S. PTO

Atty. Dkt. No. 061270-0922

22390 U.S. PTO
10/822862



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Timothy PATRIZI et al.

Title: CHILD RESTRAINT
ASSEMBLY FOR CHILD
VEHICLE SEAT

Appl. No.: Unknown

Filing Date: 04/13/2004

Examiner: Unknown

Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Timothy PATRIZI
115 Nicol Drive
Reading, PA 19606

Patrick B. NOLAN
14 Brookdale Drive
Royersford, PA 19468

[] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

[X] Specification, Claim(s), and Abstract (20 pages).



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- ☒ Formal drawings (10 sheets, Figures 1-10).
- ☒ Unexecuted Declaration and Power of Attorney (4 pages).
- ☐ Assignment of the invention to Graco Children's Products Inc.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO/SB/08 with copies of ___ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☐ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	46	-	20	=	26	x	\$18.00	=	\$468.00
Claims:									
Independents	6	-	3	=	3	x	\$86.00	=	\$258.00
:									
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of					+		\$130.00	=	\$130.00
Executed Declaration and late payment of filing fee									
							SUBTOTAL:	=	\$1626.00
<input type="checkbox"/>							above):	=	\$0.00
							TOTAL FILING FEE:	=	\$1,626.00

- ☐ A check in the amount of \$0.00 to cover the filing fee is enclosed.

- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 13, 2004

By Mary Michelle Kile

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5428
Facsimile: (202) 672-5399

Mary Michelle Kile
Attorney for Applicant
Registration No. 35,217